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## BIB DATA SHEET

CONFIRMATION NO. 2202

SERIAL NUMBER	FILING or 371(c) DATE	CLASS	GROUP ART UNIT	ATTORNEY DOCKET NO.		
09/460,216	12/13/1999	424	1648	50875-F-PCT-		
<b>RULE</b>						
<b>APPLICANTS</b> GRAHAM P. ALLAWAY, DARNESTOWN, MD; VIRGINIA M. LITWIN, WEST AMWELL, NJ; PAUL J. MADDON, SCARSDALE, NY; WILLIAM C. OLSON, OSSINING, NY;						
<b>** CONTINUING DATA *****</b> This application is a 371 of PGT/US98/12331-06/12/1998 which is a GON of 08/876,078-06/13/1997-PAT-6,107,019 This application is 09/460,216-12/13/1999 claims benefit of 60/019,715-06/14/1996 and claims benefit of 60/014,532-04/02/1996 This application is a continuation of PCT/US98/12331, filed 06/12/1998, which is a continuation-in-part of U.S. Serial No. 08/876,078, filed 06/13/1997, now U.S. Patent No. 6,107,019, which is a continuation-in-part of U.S. Serial No. 08/831,823, filed 04/02/1997, now U.S. Patent No. 6,107,019, which claims the benefit of U.S. Provisional Serial No. 60/019,715, filed 06/14/1996, and U.S. Provisional Serial No. 60/014,532, filed 04/02/1996.						
<b>** FOREIGN APPLICATIONS *****</b> UNITED STATES OF AMERICA 08876678-06/13/1997 UNITED STATES OF AMERICA 0881823-04/02/1997						
<b>** IF REQUIRED, FOREIGN FILING LICENSE GRANTED **</b> 02/18/2000						
Foreign Priority claimed <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No 35 USC 119(a-d) conditions met <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Verified and Acknowledged <u>JEFFREY S. PARKIN</u> Examiner's Signature		<input type="checkbox"/> Met after Allowance Initials	<b>STATE OR COUNTRY</b> MD	<b>SHEETS DRAWINGS</b> 10	<b>TOTAL CLAIMS</b> 4	<b>INDEPENDENT CLAIMS</b> 1
<b>ADDRESS</b> COOPER & DUNHAM, LLP 30 Rockefeller Plaza 20th Floor NEW YORK, NY 10112 UNITED STATES						
<b>TITLE</b> A method of inhibiting macrophage-tropic HIV infectin of CD4+ cells by administering a CCR5 chemokine receptor antagonist.						
<b>FILING FEE RECEIVED</b> 890	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:			<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit		